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FEC FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MA' CENTER

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					Office Use Only
NAME OF COMMITTEE (in full)	(Check i is chang		Example:If typing, type over the lines.	12FE4M	5
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COMMITTEE'S FAX NUMBER		•			•
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2. DATE 01 3	3 200	Š			
3. FEC IDENTIFICATION NUMBER C					
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined the	his Statement and	to the best of	of my knowledge and belie	f it is true, corre	ct and complete.
Type or Print Name of Treasure	KATI	HLEEN	SULLIVAN		
Signature of Treasurer	Backer,			Date O	1 23 2009
			ay subject the person signin		to the penalties of 2 U.S.C. §437g. S.
Office Use Only FE3AN042.PDF			For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)